DOCUMENT RESUME

ED 288 831 SP 029 572

AUTHOR Yardley, Eritha
TITLE Emerging Educational Programs To Combat AIDS: A Review of Pertinent Literature.
PUB DATE 87
NOTE 18p.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Health Education; Prevention; Program Development; *Public Affairs Education; Publications; Public Health; *Sex Education; Social Problems

ABSTRACT

Presented is an analysis of literature about education to combat AIDS (Acquired Immune Deficiency Syndrome). The 38 articles represent efforts by organizations, government, scientists, educators, and other workers to advance public ability to cope with the problems AIDS presents. Writings include facts, guidelines, opinions, descriptions, history, and research reports. They are arranged according to the specific settings from which they originated. The U.S. Department of Health and Human Services communications of facts and plans, the workers' sharing of experiences, and the journal articles from the social sciences about investigations into how to change behavior lead in this march towards community capability. (Author/CB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED288831

EMERGING EDUCATIONAL PROGRAMS TO COMBAT AIDS:

A Review of Pertinent Literature

Eritha v.d.G. Yardley, 1987

SP 029 572

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

E. Yardley

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EMERGING EDUCATIONAL PROGRAMS TO COMBAT AIDS:

A Review of Pertinent Literature

Eritha v.d.G. Yardley

1987

Presented is an analysis of literature about education to combat AIDS. The 38 articles represent efforts by organizations, government, scientists, educators, and other workers to advance public ability to cope with the problems AIDS presents. Writings include facts, guidelines, opinions, descriptions, history, and research reports. They are arranged according to the specific settings from which they originated. The U.S Department of Health and Human Services communications of facts and plans, the workers' sharing of experiences, and the journal articles from the social sciences about investigations into how to change behavior lead in this march towards community capability.

The AIDS virus commands global attention, because the disease it causes is lethal, incurable, and unpreventable by vaccination. Education to combat it began in 1981 and grew with comprehension of the threat. This report will review by year representative literature about efforts since 1985, including international commentary, U.S. government, school, and workplace material, and studies on how to change behavior in those tested to be seropositive and of those known to be at high risk.

1985: Writing informally for the World Health Organization (WHO) in 1985, Armstrong (p.3-5) sets AIDS within the history of sexually transmitted disease (STD). She lists reasons for the recent quick spread of STD and the difficulties in control and education; she hypothesizes that though current sufferers are likely to become committed health promoters, control will depend on clinical advances as much as on increasd public sense of responsibility. Her editors (1985,p.6) report facts about AIDS and discuss the first International Congress sponsored by WHO and the U.S. Public Health Service (PHS).

The PHS (1985,p.453-455), of the U.S. Department of Health and Human Services (HHS), publishes its first Plan for the Prevention and Control of AIDS. Its description of PHS objectives includes education for those at high risk, health care providers, reseachers, workplaces, and bloodbanks and includes support to programs that study how to change behavior. Its facts come from the Center for Disease Control (CDC), another branch of HHS.

The primary data of the CDC comes from surveys and scientific reports. In 1985, it prints its recommendations for preventing transmission of infection in the workplace (p.681-6,691-4) and treatment guidelines (p.75s-76s) that are used, updated, today. While emphasizing health workers, these include food preparers and servers and health workers who might, themselves, be infected.

The Department of Education is less active. Williamson (1985,p.36-7) exhorts school board members to install instruction in any STD. Her article of opinion lists steps they could take, advises factual approaches to the subject in early health education classes instead of in later sex education, and suggests procedures for reeducation of teachers.

Price, Desmond, and Kukulka (1985,p.107-9) also urge school instruction, hypothesizing lack of adequate student knowledge. However, their data for 1985 comes from student testing in 1983; Toledo, Ohio, is geographically and culturally far from the epidemic; 86% of their literature review is of materials published after their test; and they seem biased against the mass media.

The media is a main educator. Finkbeiner's (1985,p.23) criticle article in simple language in a university magazine presents facts from primary sources, interviews with specialists, current work, and research on education. Her editors ask the readers to copy and pass on the pages.

Though sparing AIDS education, schools face teaching infected children and employing infected personnel. In an informal article, McCormick (1985,p.37-8) urges school boards to establish policies and training. She describes experiences in dealing with herpes.

1986: Asked by the President to prepare a report, the head of the PHS, Surgeon General Koop, responds with 36 pages. Describing them in an editorial (Koop, 1986,p.1-3), he stresses the need for education and the disproportionate need to reach minorities. Speaking against quarantine and mandatory testing, he calls for sex education in the schools and homes and describes explicitly methods of protection.

The PHS replaces its 1985 message with the longer Coolfont Report (1986,p.341-8). This reviews facts, research done or needed in the biological and behavioral sciences, medical problems, and projections to 1991. It states that the rate of emergence of new infections, lower than predicted from past yearly increases, indicates that gays are learning to alter their sexual behavior. It alerts heterosexuals to the risk from infected intravenous (IV) drug abusers and calls for education campaigns aimed at adolescents and preadolescents.

AIDS education in school lags. Verniero (1986,p.21-3) describes practical problems that confront school age children and urges undramatic, age-appropriate teaching. She appends a reference list of teaching materials.

DiClemente, Zorn, and Temoshok (1986,p.1443,5) publish an assessment of adolescents' knowledge, attitudes, and beliefs about AIDS in an AIDS epicenter. They attribute the contrast between their results and those of Price et al (1986,p.107-9) to geographic location. They use all the 14-18 year students of the major ethnic groups in 10 high schools with the highest enrollment in the San Francisco Unified School District, where family life classes are mandatory. 1,332 self-reporting questionnaires test their hypotheses and produce 99% usable returns in one week. Such a high rate of return can be called a controlled observation. Perhaps the form was answered in the classroom, or the success is the result of the investigators' pretest contact with teachers. The short time between distribution and return prevents error due to time lapse. The researchers deduce a need for school teaching to overcome misperceptions about AIDS, while recognizing that the students are somewhat informed by the media.

A second magazine piece by Finkbeiner, Hancock, and Schneider (1986,p.15-27) includes four voluntary progressive photos of an AIDS sufferer. Again the reader is asked to pass on its pages.

Addressing problems in schools as a workplace, Price (1986, p.137-9) discusses formally policy on children and employees with AIDS. He devotes two of three pages to AIDS facts, then scans National Education Association (NEA) recommendations. He calls pre-employment screening "an unwarranted intrusion", but suggests schools might consider it. He urges education for school children and employees, but bias may dim his useful points.

Recommended Guidelines for Dealing with AIDS in the Schools from the National Education Association (1986,p.129): This title promises the reader material pertinent to educational programs in connection with AIDS. However, the guidelines recognize the right of sick students to alternative education while urging personal contact with those not in a classroom setting be voluntary. They promote rights for everyone, but no education for anyone.

Krapfl (1986,p.20-28) notes informally that despite all the facts of AIDS at hand, workers say life would be easier were there more AIDS education available. He claims that though they refuse knowledge and choose to fear, their willful ignorance can be countered with repeated intensive education and help from occupational health nurses. He points to the successes of California groups that help state employers bring education programs to their workplaces to show that that place where talk of AIDS is taboo during the coffee break can become the place where workers learn about it and sufferers find support.

Almost a handbook, Bauman and Aberth's article (1986,p.395-405) helps health educators develop programs for the workplace. Useful also to managers, it discusses specific problems, rights and needs of ill and well workers, ways to combat fear and prejudice, use and methods of outside consultants, and the value of being prepared with facts and plans before a crisis. It urges educators not to hesitate to initiate contact with the company.

Goff and McDonough (1986,191-200) present a professional guide to care by the community health nurse of the AIDS patient at home. They include specific problems, a list of medications and their side effects, CDC recommendations for handling of infectious materials, and a discussion of the nurse as educator and link between the client and the health system.

A particularly sensitive situation, blood donors must be told when their blood tests reveal antibodies for AIDS and in a way that produces desired behavior. Cleary, Rogers, Singer, Avorn, van Devanter, Perry, and Pindyck (1986,p.317-329) describe the history of their program for the New York Blood Center. Using studies and a test of donors' knowledge, they demonstrate the problems in designing it. They explain how the concept of risk is central to change in behavior and how notification takes steps over more than one day. They describe the qualities needed in the notifier and consider cost-effectiveness. Finding persuasive communication literature lacking, they review models of psychological processes and explain why they chose the Dual Process Model. They describe their method for giving social support. They plan to evaluate this program and test its hypotheses and expect results to apply to screenings in other settings.

In their search for methods of changing behavior, Emmons, Joseph, Kessler, Wortman, Montgomery, and Ostrow (1986,p.331-344) search for psychosocial factors that will predict attempts of gays to change risky activities. Their literature review includes 48 studies on relationships of behavior to health. They assemble factors they hypothesize might affect a gay's decision about risky behavior, such as whether he thinks he has already put himself at hopelessly great risk and his perception of vulnerability. The resulting field experiment surveys 978 men who had been recruited in a variety of ways, not precisely randomly. 90% return completed questionnaires, a good cross-sectional response. Behaviors are compared with the

psychosocial characteristics and the results, statistically analyzed. Knowledge emerges as the factor most strongly associated with behavior change and that as only an association. Emmons et al find no consistent relationship between feelings of vulnerability that are heightened by having friends die or fall ill to behavior change.

A study by Siegel, Grodsky, and Herman (1986,p.233-43) gauges the effectiveness of the safe-sex brochures circulated among homosexual and bisexual men and thought to be the main way to effect change in this field. 22 were characterized according to 13 aspects of content and style and judged on how they incorporate the elements of a standard model of health communication. The report describes how the material was gathered and the categories and model chosen and lists strengths and weaknesses observed. None had action plans. Siegal et al (p.241) criticise the brochures for wasting chances for education like generalizing the information to other STD, an aspect not included in the 13 characteristics or the model. The null hypothesis that they are not as effective as they might be is proved on paper, not in the field.

Martin (1986,p.347-57) conducts a longitudinal field experiment on 745 healthy gays to assess how educational material did influence risky behavior. His research is inconclusive. He suggests future work to learn which changes in behavior are most effective, why 45% of his sample continued three of the most risky practices, and urges intensive efforts to promote monogamy among heterosexuals.

Illegal activity and minority resentments and animosity increase the problems of education. Williams (1986,p.407-21) writes about work to achieve AIDS risk reduction among blacks in Detroit, where the incidence of AIDS is low, but the use of IV drugs, high. Her history and field study, with critical inquiry into previous experience and strategy, proves the usefulness of collaboration with group members willing to assume responsibility, of acceding to them the leadership role in the work in

the community, and of learning, then adjusting one's style to, the customs of the group.

Two other studies assess the education of IV drug abusers. Ginzburg, French, Hackson, Hartsock, MacDonald, and Weiss (1986, p.373-82) disprove the null hypotheses that users are ineducable and unconcerned about AIDS by noting the increased demand for sterile paraphernalia and the high level of knowledge indicated in questionnaires to 1577 abusers from 16 drug treatment centers in 1984 and 1985. This cross-section is large but assesses only the users in treatment. Knowledge of how to sterilize paraphernalia, that infants of female users are at risk, and that someone infected might not appear ill is less high. The researchers state that abusers have no organized social group, but report that among health education strategies, the indigenous worker program works. as do television, radio, and newspapers, when the language can be read. They suggest work on how knowledge can be put into practice.

On the other hand, Friedman, Des Jarlais, and Sotheran (1986, p.383-93) describe the subculture of IV abusers as powerful. Their tests agree that AIDS knowledge is high, but they wonder whether this will lead to permanent change in behavior, considering the pressures of addiction and subculture. Their description mentions a successful collaborative public health effort in Holland and a new organization of ex-users in New York. It examines education techniques and hypothesizes that training ex-users in a program to counteract the pressures will be helpful.

Stall, McKusick, Wiley, Coates, and Ostrow (1986,p.359-71) ask whether alcohol and drug use during sexual activity affects compliance with safe sex guidelines. They describe their ex post facto survey of balanced samples and questionnaires to disprove the null hypotheses that alcohol and drug use have no effect. Though this comes as no surprise, identifying a group whose behavior changes the least is use-

ful. The authors suggest that their results be applied to education techniques and warn against generalizing the results away from San Francisco.

In a description of their research, formally reported elsewhere, Solomon and DeJong (1986,p.301-315) trace efforts to combat STD from the earlier method of diagnosis, therapy, and contact identification, through later efforts to prevent through knowledge, to current efforts to change behavior. This is documented, primary data, in readers' memories. Exploring whether previous work on STD can be applied to AIDS, they list the differences and similarities in the fields. They describe techniques useful in coping with the problems of each aspect and means, like video- tapes, to counteract negative reactions with positive alternatives. These are not necessarily connected with health, avoid the expert-to-viewer approach, and try to create a social climate in which the safe thing to do is the "in" thing to do.

Giving her personal perspective, Osborn (1986,p.2 87-99) inquires into the effects of AIDS in the U.S.,1981-6. She uses primary, replicable, scientific reports. Readers can recall the social effects, such as claims of governmental neglect and searches for ethical agreements about the maintenance of confidentiality and the patient's right-to-know. Osborn describes her background and chairmanship of an ad hoc committee on AIDS and the U.S. blood supply and acknowledges how memory dims and shows the past in the light of later developments. She examines current issues like the screening of immigrants, biblical proscriptions, press interviews, inferred stigmata, a 20th C. trend towards law suits and blaming, and tension between individual liberty and public interest.

1987: When the third International World Congress meets, no addition to scientific knowledge has altered the need for education. Barnes (1987,p.634) describes a new database for AIDS researchers. It is a less restricted source of current information, updated quarterly, that will expedite their studies.

The CDC reports evidence of reduction of dangerous sexual behavior in surveys on hepatitis B and gonorrhea. It publishes a list of informational materials, produced jointly by the PHS and the American Red Cross, and how to obtain them. (1987,p.819-820). Its report on a comparison of surveys done by self-reported questionnaire on 1300 subjects is a longitudinal study from 1978-80 to 1983-85 (1987,p.187-9). The results indicate change, as hypothesized.

Another informal article by McCormick (1987,p.25-8) to school board members reviews the attitudes of Koop, the Institute of Medicine and the National Academy of Science, the CDC, parents, and educators. She presents reasons for the schools' hesitation on AIDS education and why they should resolve them. She describes means of teaching about AIDS, includes a list of sources of educative materials, and calls attention to the CDC guidelines about to be published and how to get them. She emphasizes the guidelines' recommendation that to get the best results, curriculum planning should be done in collaboration with the community.

Norris (1987,p.15) suggests Secretary of Education Bennett's religion blocks the availability to schools of the CDC guidelines that refer to methods of contraception, but reports that 70% of U.S. schools have an AIDS education program. However, May, 1987, K.,B., reports that "the National Catholic Education Association (NCEA) will promote and help develop curriculum materials for full AIDS education in the Catholic schools, including information about methods of preventing transmission of the virus, such as condom use " (p.6).

Adding to the materials about educating in the workplace, Wertz, Sorenson, Liebling, Kessler,and Heeren(1987,p.248-54) offer a quasi-experimental, ex post facto evaluation of a pilot program that was implemented quickly to provide a standard of professional care and teach how to avoid contracting AIDS. No random sampling of health care providers is possible, but included are a pre-program evaluation of the subjects' knowledge, a follow-up plan, one educator and basic pre-

sentation, and three variations in the education. The organismic variables do not detract from the resulting clarification of needs for education and evidence of a relationship between knowledge and attitudes of AIDS health care providers toward the programs.

Hartnett (1987,p.64-7) describes a similar field study. The null hypothesis is the assumption that information on hand for the staff is adequate. The problems experienced by a small community hospital with its first AIDS patients expose gaps in knowledge and experience, produce fear and panic, and disprove the hypothesis. The staff reviews an approach to AIDS published by the American Hospital Association, then designs its own program. The staff tests the plan's effectiveness, partly to reinforce attention to the subjects covered, and proves the value of providing an organized program and opportunity for discussion in a real setting.

Finally, SantaVicca (1987,p.113-115) hypothesizes that AIDS information is inadequately available to the public at the library. His research is inconclusive on his valid topic, a proactive role for librarians in AIDS education.

Conclusions: Facts, history, opinion, advice, and research reports represent the education emerging to combat AIDS. Some work describes problems. Some assesses the knowledge of segments of the public, investigates how to educate them, or asks why some at risk are not being reached. Some work analyzes the quality of the means of education in brochures, programs to gays, or in the workplace, or inquires about who should be doing the educating.

Collaboration with indigenous communities, progress of scientific discovery, positive approaches to behavior modification, and respect for rights are themes in the literature that suggest new writings will address minority problems and share research in the biological and social sciences. They may explore how the seropositive can avoid co-factors or how to reach IV drug users in general and the alcohol and drug abusers among the gay. Legal research might examine worker, employer, and patient rights. Educators might design new curriculums to correspond to interest in the pertinent fields of research and to supply helpful skills. The next literature of emerging educational programs to combat AIDS will reflect the influence of the ideas of today.

BIBLIOGRAPHY

1. Armstrong, Sue. Sexually transmitted diseases. (1985,November). World Health, pp. 3-5.

2. Barnes, Deborah. (1987, February 6). New database for AIDS research. Science, 235, 634.

3. Bauman, Laurie J., & Aberth, John. (1986). Health educators in the workplace: Helping companies respond to the AIDS crisis. Health Education Quarterly, 13, 395-406.

4. Cleary,Paul D., Rogers,Theresa F., Singer,Eleanor, Avorn, Jerome, van Devanter,Nancy, Perry,Samuel, & Pindyck,Johanna. (1986). Health education about AIDS among seropositive blood donors. Health Education Quarterly, 13, 317-329.

5. DiClemente, Ralph J., Zorn, Jim, & Temoshok, Lydia. (1986). Adolescents and AIDS: survey of knowledge, attitudes and beliefs about AIDS in San Francisco. American Journal of Public Health, 76, 1443-1445.

6. Emmons,Carol-Ann, Joseph,Jill G., Kessler,Ronald C., Wortman, Camille B., Montgomery,Susanne B., & Ostrow, David G.(1986). Psychosocial predictors of reported behavior change in homosexual men at risk for Aids. Health Education Quarterly, 13, 331-345.

7. Finkbeiner, Ann.(1985, December). AIDS: Just the facts. Johns Hopkins Magazine, pp. 23-28.

8. Finkbeiner,Ann, Hancock,Elise, & Schneider,Susan.(1986, December). AIDS: Just the facts. Johns Hopkins Magazine, pp. 15-27.

9. Friedman,Samuel R., Des Jarlais,Don C., & Sotheran,Jo L. (1986). AIDS health education for intravenous drug users. Health Education Quarterly, 13, 383-393.

10. Ginzburg,Harold M., French,John, Jackson,Joyce, Hartsock, Peter I., MacDonald,Mhairi Graham, & Weiss,Stanley H. (1986) Health Education and knowledge assessment of HTLV-III diseases among intravenous drug users. . Health Education Quarterly, 13, 373-382.

11. Goff,Warren, & McDonough,Patricia. (1986). A community health approach to AIDS: Caring for the patient and educating the public. Journal of Community Health Nursing, 3, 191-200.

12. Hartnett, Sandra M. (1987). A hospital-wide AIDS education program. The Journal of Continuing Education in Nursing, 18, 65-67.

13. Journal of School Health (ed). (1986). Recommended guidelines for dealing with AIDS in the schools from the National Education Association. 56, 129.

14 K, B. (1987, May 1). NCEA shifts position on AIDS education. The National Catholic Reporter, 23 (27), p.6.

15. Koop, C. Everett. (1987). Surgeon General's report on Acquired Immune Deficiency Syndrome. Public Health Reports, 102, 1-3.

16. Krapff, Mike. (1986, April). As AIDS hysteria spreads, so does need for cool headed education. Occupational Health & Safety, pp. 21-29.

17. Martin, John L. (1986). AIDS risk reduction recommendations and sexual behavior patterns among gay men: A multifactorial categorical approach to assessing change. Health Education Quarterly, 13, 347-358.

18. McCormick, Kathleen. (1985). AIDS and herpes carry weighty policy implications for your board. The American School Board Journal, 172 (10), 37-8.

19. McCormick, Kathleen. (1987). AIDS instruction becomes a troubling test of courage for local school boards. The American School Board Journal, 174, 25-30.

20. Morbidity and Mortality Weekly Report. (1985). 1985 STD treatment guidelines. 34(suppl), 75-76.

21. MMWR.(1985). Summary: Recommendations for preventing transmission of infection with Human T-Ly,photropic Virus Type III/ Lymphadenopathy-Associated Virus in the workplace. 34, 682-686, 691-695.

22. MMWR. (1987). Availability of informational material on AIDS. 35, 819-820.

23. MMWR. (1987). Self-reported changes in sexual behaviors among homosexual and bisexual men from the San Francisco City Clinic Cohort. 36, 174-176, 187-189.

24. Norris, Bill. (1987, March 20). U.S. London Times Educational Supplement, 3690, p. 15.

25. Osborn, June E. (1986). Health Education Quarterly, 13, 287-299.

26. Price, James H. (1986). AIDS, the schools, and policy issues. Journal of School Health, 56, 137-140.

27. Price,James H., Desmond,Sharon, & Kukulka,Gary. (1985). Journal of School Health, 55, 107-109.

28. Public Health Service Executive Task Force on AIDS. (1985). Public Health Service plan for the prevention and control of acquired immune deficiency syndrome (AIDS). Public Health Reports, 100, 453-455.

29. Public Health Service Report. (1986). Coolfont Report: a PHS plan for prevention and control of AIDS and the AIDS virus. Public Health Reports, 101, 341-348.

30. SantaVicca, Edmund F. (1987, February 15). AIDS in the minds of librarians: Opinion, perception, and misperception. Library Journal, pp.113-115.

31. Siegel,Karolynn, Grodsky,Phyllis B., & Herman.Alan. (1986). AIDS risk-reduction guidelines: A review and analysis. Journal of Community Health, 11, 233-243.

32. Solomon,Mildred Zeldes, & DeJong,William. (1986).Recent sexually transmitted disease prevention efforts and their implications for AIDS health education. Health Education Quarterly, 13, 301-316.

33. Stall,Ron, McKusick,Leon, Wiley,James, Coates,Thomas J., & Ostrow,David G. (1986). Alcohol and drug use during sexual activity and compliance with safe sex guidelines for AIDS: The AIDS behavioral research project. Health Education Quarterly, 13, 259-371.

34. Verniero, Joan C. (1986, December). Teaching children about AIDS. (from Education Week, 1986, April 16, 52). The Education Digest, pp. 21-23.

35. Wertz,Dorothy C., Sorenson,James. R, Liebling,Linette, Kessler,Lawrence, & Heeren,Timothy C. (1987). Knowledge and attitudes of AIDS health care providers before and after education programs. Public Health Reports, 102, 248-254.

36. Williams, Linda Stewart. (1986). AIDS risk reduction: A community health education intervention for minority high risk group members. Health Education Quarterly, 13, 407-421.

37. Williamson, Gloria. (1985). Awareness is your best weapon against sexually transmitted diseases. The American School Board Journal, 172 (10), 36-37.

38. World Health (ed). (1985, November). AIDS: Be informed. p.6.